

TRANSMITTAL FORM		Attorney Docket No. <b>OS13/2286P</b>
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In re the application: Larry L. JONES et al.

Serial No: 10/039,685

Group Art Unit: 2181

Filed: October 29, 2001

Examiner: To Be Assigned

For: Flashtoaster for Reading Several Types of Flash Memory Cards With or Without a PC

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ORIGINALLY FILED**

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment (Preliminary)	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	<b>RECEIVED</b> <b>JUN 25 2002</b> <b>Technology Center 2100</b>	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from _____ to _____.			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEES
Total Claims	44	44	0	\$9.00	\$ 0.00
Independent Claims	3	3	0	\$42.00	\$ 0.00
				Total Fees	\$ 0.00
METHOD OF PAYMENT					
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.				
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.				
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	June 11, 2002
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: June 11, 2002	
Type or printed name	Grace Alicea
Signature	